

# FIFRA § 6(a)(2) Global Adverse Effects Reporting Form

- 003

FIFRA § 6(a)(2) does not require investigation of alleged incidents. Please complete this form, to the best of your ability, with the knowledge you have on any incident without further investigation. However, if you receive additional information it is your responsibility to submit a supplemental report.

## Send completed forms to:

e-mail: [aerc@dow.com](mailto:aerc@dow.com)

Questions: Global AERC Administrator  
(317) 337-4577

mail: Dow AgroSciences  
9330 Zionsville Road  
Indianapolis, IN 46268  
Attention: AERC-308 Building

## Administrative Information

Your Name:	Roman Dycus
Date you became aware of the Incident:	1/26/04

### Reporter (person reporting incident to you):

Last Name:	Edayan (Island Terminix)	First Name:	James
Street Address:	2265 Hoonee St		
City:	Honolulu	State/Country:	HI, 96819
Telephone Number:	808-836-3800		

### Contact Person (if different from the Reporter)

Last Name:	First Name:		
Street Address:			
City:	State/Country:	Zip Code:	
Telephone Number:			

## Product Information

Product(s) involved:	Chloropicrin, <i>Vikane</i>
U.S. EPA Registration Number:	N/A
Exposed to concentrate prior to dilution:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

DERBI: 142600  
Report: Yes ☒  
If no, why:   
Date: 2-12-04  
SC H-C  
No

**Exposure Information**

\*Personal privacy\*

Date of Exposure:

Geographical location of exposure: At Owners Home [REDACTED] Honolulu, [REDACTED]

How exposed? ☐ Direct Contact ☐ Ingestion ☒ Inhalation ☐ Spill ☐ Other \_\_\_\_\_

Brief description of alleged incident:

This home (38 MCF) was fumigated for Drywood termites with Vikane (1X) and Chloropicin (2½oz) on July 9, 2003. The structure was cleared with an Interscan for reoccupation at 6PM July 10. According to [REDACTED] daughter of mother who lives in fumigated structure, she can not enter the structure without a dust mask on to prevent her eyes and throat from burning. She began experiencing this (she thinks approx within 2 weeks post fumigation) and still can not enter the home (even now) without being effected for several days after. [REDACTED] claims that her mother who lives in the home full time has been to the doctor coughing up a lot of phlegm. Island Dynamic the company that fumigated the structure said the first time they think they received a call from her was approximately 2 weeks after the fumigation. They are still looking through their records to find out when she first called them. I (Roman Dycus) went to the home with James Edayan, Service Manager of Island Dynamic Terminix on January 28, 2004 and did not notice any burning in my throat or eyes inside the home.

**Application Circumstances**Evidence label directions were not followed: ☐ Yes ☒ No ☐ Unknown

Application was made by:

☒ Pest Control Operator ☐ Lawn Care Operator ☐ Homeowner ☐ Other \_\_\_\_\_

Circumstances regarding application:

See above

Type of incident: ☒ Human ☐ Domestic Animal ☐ Fish/Wildlife (Fill out the appropriate attached page)

## Alleged Human Exposure

Clarify how many people are involved with the alleged exposure: 2	
Age, if known, adult or child:	<input type="checkbox"/> Child <input checked="" type="checkbox"/> Adult
Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female If female, is she pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
Occupation (if related to use of product):	
Was protective clothing worn:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
How many workdays were lost due to illness:	
Route of exposure:	<input type="checkbox"/> Skin <input type="checkbox"/> Eye <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Unknown
Was alleged adverse effect a result of:	<input type="checkbox"/> Suicide/Homicide <input type="checkbox"/> Attempted suicide/homicide <input checked="" type="checkbox"/> N/A
Time between exposure and onset of symptoms:? (hr/day/min)	
Symptoms experienced:	Burning in eyes / throat
Type of medical care sought:	Took mother who lives in house to doctor, mother coughing up green phlegm
Laboratory test results:	(attach copy if available)
Explanatory or qualifying information surrounding the incident:	

### *Treating Physician's Information*

Last Name:		First Name:	
Street Address:			
City:	State/Country:		Zip Code:
Telephone Number:			

## Alleged Fish, Wildlife, Plant, or Non-Target Organism Exposure

Species affected:	
Number of individuals per species:	
List of symptoms or adverse effects:	
Magnitude of the effect: (examples include: miles of stream, square area of terrestrial habitat)	
If plant, plant type: (examples include: forest forage, orchard, home garden, ornamentals)	
Pesticide method of application and rate:	
Laboratory results: (attach lab report if available)	
Description of the habitat and the circumstances under which the incident occurred:	
Distance from treatment site to exposed site:	
Explanatory or qualifying information surrounding the incident:	

## Alleged Domestic Animal Exposure

Type of animal: (examples include: bovine, equine, avian, poultry, canine, feline)

How many involved:

Gender: ☐ Male ☐ Female ☐ Unknown Age: Weight (lb/kg):

Route of exposure: ☐ Skin ☐ Eye ☐ Ingestion ☐ Inhalation ☐ Unknown

Time between exposure and onset of symptoms: (hr/day/min)

Symptoms experienced:

Did a veterinarian treat animal: ☐ Yes ☐ No ☐ Unknown

Laboratory test results: (attach copy if available)

Explanatory or qualifying information surrounding the incident:

***Treating Veterinarian Information***

Last Name:		First Name:	
Street Address:			
City:	State/Country:		Zip Code:
Telephone Number:			